FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000100674 (6)

THE LIGHT CURVE, INC.

CITY-ST-ZIP

			;						
Principal Plac	e of Business	Mailing Address	Mailing Address						
1003 TAMPA BAY CENTER 3302 MARTIN LUTHER KING BLVD. TAMPA FL 33607			1003 TAMPA BAY CENTER 3302 MARTIN LUTHER KING BLVD. TAMPA FL 33607-6212						
						3. Date Incorporated or Qualified 12/12/1996	3a. Date	e of Last F	Report
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number 59-3393235			pplied For lot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.						Additional
22		27	27			5. Certificate of Status Desired	لــا	Fee R	Required
City & Stat	de	Crty & State	Crty & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			
Zip			Cour	niry		B. This corporation has liability for i	ntangible ta Yes 🔲		s. 199.032,
24	25 29 30 30 30 30 30 30 30 3		[30]			Florida Statutes 10. Name and Address of New Re		·	·
CHY.		, ,		81 Nar	ne	10, Name and Nacious of New York	giotorea ri	J OIN	
. CHANG, DAVID . 1003 TAMPA BAY CENTER				20 0				· · · · · · · · · · · · · · · · · · ·	
	MARTIN LUTHER KING BLVD.		[82 Stre	et Adare	Address (P.O. Box Number is Not Acceptable)			
	PA FL 33607		ľ	83					
			ŀ	84 City	,			85 Zip	Code
				' '			FL.		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									its registered
agent. I a	am familiar with, and accept the obl	gations of Section 607.0505, I	Iorida Stati	ites.	20112012111	site issued of directors. This esty decop	n the appe	nonom ac	registered
SIGNATURE	The state of the s								
12.	Signature, typed or printed name of registered a	ND DIRECTORS	13.	Agent signs	iture require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PERS AND	DIRECTO	BS IN 12
TITLE	PSD	DELETE	1.1 1/1	LE	<u> </u>	ADDITIONS/OFFARCES TO OFFIC		Change	Addition
NAME	NIANA BAND O		1.2 NA				_		
STREET ADDRESS	15904 HALSEY ROAD		1.3 STREET ADDRESS		ss				
CITY-ST-ZIP	TAMPA FL 33647	4D4 PL 66647		Y-ST-ZIP	,				
TITLE	TD	DELETE 2.1				☐ Change ☐ Ac			Addition
NAME	CHANG, DAISEY L		2.2 NA						1
STREET ADDRESS	15904 HALSEY ROAD		2.3 STREET ADDRESS		ss				
City-St-Zip	TAMPA FL 33647		2. 4 CITY-S1-						
TITLE		☐ DELETE 3.11		LE			[Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 \$16	REET ADDRE	ss				1
CITY-ST-ZIP				TY-ST-ZIP				-	
TITLE		□ DELETE	4.1 TiT				L	Change	☐ Addition
NAME			4. 2 NA						
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NAME OTREET LEGGERS			5.2 NA						
STREET ADDRESS				REET ADDRE	55				
CITY-ST-ZIP TITLE		DELFTE	5.4 CIT 6.1 TIT	Y-ST-ZIP			г	Change	Addition
NAME		C Steel	6.2 NA				Ļ		
STREET ADDRESS				ric Reet addre:	20				
THE TOURS	ı		0.5 511	THE PROPERTY.	1				I

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Jun 06 1997 8:00am

Secretary of State